2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000000804

1. Entity Name
WILDER MEADOWS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
11300 NORTH CENTRAL AVENUE TAMPA, FL 33612	11300 NORTH CENTRAL AVENUE TAMPA, FL 33612

01142008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
20-3469867

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HANSEN, STEVEN A
11300 NORTH CENTRAL AVENUE
TAMPA, FL 33612

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE 02/14/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

02/14/08-80057-017 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HANSEN, STEVEN A
STREET ADDRESS	11300 NORTH CENTRAL AVENUE
CITY-ST-ZIP	TAMPA, FL 33612
TITLE	D
NAME	UPHAM, MARY ANNE
STREET ADDRESS	11300 NORTH CENTRAL AVENUE
CITY-ST-ZIP	TAMPA, FL 33612
TITLE	D
NAME	JAWORSKE, MARY
STREET ADDRESS	11300 NORTH CENTRAL AVENUE
CITY-ST-ZIP	TAMPA, FL 33612
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1/31/2008 813-933-6561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STEVEN A. HANSEN AS ITS DIRECTOR